

State of Idaho
Department of Water Resources

FOR DEPARTMENT USE ONLY:
Application Status: ☐ Approved ☐ Denied
☐ Cancelled ☐ Withdrawn

APPLICATION FOR RENEWAL OF WELL DRILLING COMPANY LICENSE

Name of Drilling Company: _____

Drilling Company License Number: _____

Principal Driller of Company:

Last Name _____ First Name _____ Middle Name/Init _____

Primary Business Address:

Mailing: _____ Physical: _____

City: _____ State: _____ Zip: _____

Telephone Numbers:

Primary: (____) _____ Mobile: (____) _____ Fax: (____) _____

Email Address: _____

Drilling Company Owner (if different from Principal Driller):

Last Name _____ First Name _____ Middle Name/Init _____

Mailing: _____ Physical: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Fax: (____) _____

The Drilling Company's Bond Amount is (\$5,000-\$20,000): \$ _____

All Licensed Drillers employed by the Drilling Company are bonded by:

☐ Surety Bond

Name of Bonding Company _____

Mailing Address of Bonding Company _____

City _____ State _____ Zip _____ Phone _____

☐ Cash Bond

Name of Banking Entity _____

Mailing Address of Banking Entity: _____

City _____ State _____ Zip _____ Phone _____

WELL RIG INFORMATION

IDAPA Rules 37.03.10.31.f. states: The company license application must include “a list of all drill rigs and other related equipment owned or used by the company, including the type, make, and model.

Type	Year	Make and Model	Description
Air Rotary			
Auger			
Cable Tool			
Core Drill			
Direct Push			
Jetted			
Mud Rotary			
Reverse Circulation			
Sonic Vibration			

Licensed Drillers employed by the Drilling Company and covered under the Well Driller's Bond The appropriate fee must be submitted for each of the individuals listed in this table.			
Principal Driller's Name (as listed on page 1)		Phone No.	
Personal Mailing or Street Address	City	State	Zip
Licensed Driller Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
Licensed Driller Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
Licensed Driller Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip

Class II (CII) Operators			
Class II Operators are required to receive adequate supervision as defined in the Idaho Well Driller Licensing Rules.			
The appropriate fee must be submitted for each of the individuals listed in this table.			
CII Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CII Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CII Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CII Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CII Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CII Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip

Class I (CI) Operators CI Operators are entry level and are required to be supervised at all times while operating equipment. The appropriate fee must be submitted for each of the individuals listed in this table.			
CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip

If you have more names, please add them to this page:

SECTION C – CERTIFICATION – TO BE COMPLETED BY PRINCIPAL DRILLER APPLICANT

ATTENTION: Read the following paragraphs before signing this application.

A false or dishonest answer to any question in this application may be grounds for revocation or refusal to approve the Well Drilling Company's license. All statements made are subject to investigation.

I certify that I have read, understand, and will comply with all Idaho Statutes and Department Rules, including Start Card Procedures.

I certify that for every well drilled under this company license number, a driller's report has been filed with the Department within 30 days of completion as required by Section 42-238, Idaho Code.

I certify that all of the statements made in this application are true and correct to the best of my knowledge.

Date

Signature of Principal Driller (as it will appear on Driller Reports)

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Receipt No. _____ Fee \$ _____ Date _____ Received by _____
Deposit to licensing fee account